

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/06/2012  
FORM APPROVED  
OMB NO. 0938-0391

45th 11/19/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445396	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  12/04/2012
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NAME OF PROVIDER OR SUPPLIER

ROAN HIGHLANDS NURSING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

146 BUCK CREEK ROAD  
ROAN MOUNTAIN, TN 37687

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the sprinkler system fire pump was inspected and tested weekly (NFPA 5-2.2, 5-3.2). The findings include: Record review and interview with the Maintenance Director, on December 4, 2012 at 9:30 a.m. confirmed there was no weekly inspection or running of the electric fire pump. Interview with the Maintenance Director revealed he was not aware of the weekly maintenance requirements. This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on December 4, 2012.</p>	K 062	<p>Roan Highlands Nursing Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:</p> <p><u>Corrective Actions for Targeted Areas</u></p> <p>The Maintenance Director conducted a weekly test of the Sprinkler System Fire Pump on 12/6/12.</p> <p><u>Identification of Other Areas with Potential to be Affected</u></p> <p>On or before 12/31/12, Sprinkler System contractor will re-inspect the Sprinkler System Fire Pump and re-educate the Maintenance Director on weekly checks. Any discrepancies will be completed upon each weekly test.</p>	
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144	<p><u>Systematic Changes</u></p> <p>Effective 12/6/12, the Maintenance Director implemented the Sprinkler System Fire Pump Checklist, which will be completed upon each weekly test.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jay B. Powers*

*Administrator*

12/17/12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>ROAN HIGHLANDS NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>146 BUCK CREEK ROAD ROAN MOUNTAIN, TN 37687</b>	
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K 144 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p>	K 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Joyce B. Powers*

*Administrator*

*12/17/12*

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K 144	Continued From page 1  This STANDARD is not met as evidenced by: NFPA 110, 6-4.2.2 states: Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. Based on record review and interview, the facility failed to assure the emergency generator had annual 2-hour load bank testing performed if the monthly load runs were less than 30% of nameplate rating (NFPA 110, 6-4.2.2). The findings include: Record review and interview with the Maintenance Director, on December 4, 2012 at 9:30 a.m. confirmed there was no 2-hour annual load bank testing of two of two emergency generators. Record review indicated both generators had a maximum amp load of 10 amps on. This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on December 4, 2012.	K 144	Roan Highlands Nursing Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions:  <u>Corrective Actions for Targeted Areas</u>  The Generator Service contractor conducted a two-hour load bank test on 12/7/12.  <u>Identification of Other Areas with Potential to be Affected</u>  On 12/7/12, the Generator Service contractor reviewed the load bank test report with the Maintenance Director. Testing was compliant.  <u>Systematic Changes</u>  Effective 12/7/12, the Maintenance Director utilized the updated Inspection Schedule reflecting the annual two-hour load bank test for both generators. The Generator Service contractor will conduct the test annually and provide all reports to the Maintenance Director.		

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